

## APPLICATION SUMMARY REPORT

Agency Name

Program Title

Authorized Official Name and Address (include ZIP Code):

Project Director Name and Address (include ZIP Code):

Phone Number (include Area Code):

Fax Number (include Area Code):

Phone Number (include Area Code):

Fax Number (include Area Code):

Total Amount of SSVF Funds Requested \$ \_\_\_\_\_

Prorate the SSVF Funds Requested (give dollar amount and percentage) by types of victims to be served: (Please give your best estimates.)

\$ \_\_\_\_\_ % Domestic Violence    \$ \_\_\_\_\_ % Child Abuse    \$ \_\_\_\_\_ % **Sexual Assault**

\$ \_\_\_\_\_ % OTHER \_\_\_\_\_ (Identify dollar amount and percentage for each type of victim of crime to be served)

\$ \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_ %

\$ \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_ %

Indicate the anticipated number of victims to be served by this SSVF funded project:

\_\_\_\_\_ Total Victims of Crime \_\_\_\_\_ Hotline Calls

If a domestic violence shelter, indicate the anticipated number of women and children to be served in shelter or outreach services, the number of anticipated hotline calls and the anticipated number of bednights.

\_\_\_\_\_ Women \_\_\_\_\_ Children \_\_\_\_\_ Hotline Calls

\_\_\_\_\_ Bednights

If a training/technical assistance project, show the anticipated number of people and/or communities to be trained.

\_\_\_\_\_ People \_\_\_\_\_ Communities

Geographic Area(s) to be served by this SSVF project:

The requested SSVF funds will be used to:    Fund a New Project    Expand/Enhance an Existing Project    Continue a Previously Funded SSVF Project

Give a brief summary of the services to be offered by this SSVF project. (Please type the description on this form.)